

**COUNTY OF ALPINE**

**APPOINTMENT APPLICATION FOR COUNTY  
COMMISSIONS AND COMMITTEES**

COMMISSION / COMMITTEE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Business: \_\_\_\_\_

TIMES YOU ARE AVAILABLE FOR MEETINGS? DAYS: \_\_\_\_\_ TIMES: \_\_\_\_\_

Please state briefly your reason for wanting to serve on this commission/committee:

Please list organization and community experiences that you feel will be helpful when you serve on this commission/committee and to help Board members in making this appointment:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Please return application to: **ALPINE COUNTY CLERK  
P.O. BOX 158  
MARKLEEVILLE, CA 96120**

\_\_\_\_\_  
COUNTY CLERK'S USE ONLY:

Meeting date to be considered: \_\_\_\_\_

Position to be filled: \_\_\_\_\_

Term of Office: \_\_\_\_\_

APPOINTED: \_\_\_\_\_ DENIED: \_\_\_\_\_ HOLD: \_\_\_\_\_